

# APPLICATION FOR QUALIFYING PARTY

This form must be completed by the person who has been designated as the qualifying party for the company. **Each person** to be listed as qualifying party must complete this form and provide all required documentation and fees.

**All questions must be answered.** If the space provided is not sufficient, use separate sheet(s) and attach. Additional forms will be provided upon request. However, if more than one qualifying party application is needed, a photocopy of **this form only** is acceptable for submission. All information must be printed in ink or typewritten.

QUALIFYING PARTY MUST MEET ONE OF THE FOLLOWING:

- ☐ **SOLE PROPRIETOR (INDIVIDUAL)**
- ☐ **SPOUSE OF SOLE PROPRIETOR (INDIVIDUAL)**  
Provide a copy of your marriage license.
- ☐ **PARTNER**  
Provide a copy of the partnership agreement in which you are listed as a partner.
- ☐ **ORIGINAL MEMBER OF LLC**  
Provide a copy of the original Articles of Organization and Initial Report. If these documents do not identify the **members** (not managers), you must also submit a copy of the Operating Agreement which identifies the members.
- ☐ **ORIGINAL INCORPORATOR OR ORIGINAL STOCKHOLDER IN THE ORIGINAL ARTICLES OF INCORPORATION.**  
Provide a copy of the original Articles of Incorporation in which your name is listed as one of the original incorporators or provide a copy of the original stock certificate that was issued to you when the company was first formed.
- ☐ **EMPLOYEE:** Date of Employment \_\_\_\_\_  
YOU MUST BE A **FULL-TIME** EMPLOYEE  
PROVIDE PAYROLL FOR THE FOUR (4) MONTHS **PRIOR TO THIS APPLICATION**  
YEAR -TO-DATE, QUARTERLY AND CUMULATIVE INFORMATION IS NOT ACCEPTABLE  
**Employment verification must be provided as noted below:**  
**DIRECT DEPOSIT:** Provide a letter from an officer of your company stating that you are a full-time employee and that you receive payroll by direct deposit. You **MUST** also provide a register that shows **GROSS WAGES, FICA PAYROLL DEDUCTIONS FOR EACH PAYROLL PERIOD** and an **ADVICE ADMIT FORM** or computer printout that verifies the direct deposit transmittal information.  
**COMPANY CHECK:** You must provide copies of canceled payroll checks (front and back) and a register that shows **GROSS WAGES AND FICA PAYROLL DEDUCTIONS FOR EACH PAYROLL PERIOD.** (If your bank returns only small images of the canceled payroll checks, you must provide copies of the images that are returned by the bank.)

FULL LEGAL NAME OF  
QUALIFIER \_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., etc.)

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)  
(All scheduling letters and materials will be sent to this address.)

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Work Number Cellular or Home Number Fax Number

Email Address of Qualifying Party \_\_\_\_\_

A. Have you ever taken an examination with the Louisiana Contractors’ Board?

Name of Firm

Year Test Taken

Classification(s)

B. Is this firm a parent of subsidiary company of a currently licensed Louisiana contractor?

\_\_\_\_\_Yes\_\_\_\_\_No

If Yes, give the name, address and Louisiana contractor’s license number.

Firm

Address

License Number

C. List the names of **other** companies you have been affiliated with or employed by within the past five (5) years who previously held or currently hold a Louisiana contractor’s license.

Firm

Address

License Number

D. Have you been involved in sanctions levied against the companies or been disqualified or debarred by any public entity? \_\_\_\_\_No \_\_\_\_\_Yes (Explain below\*)

E. Has any firm for which you were the qualifying party received any type of disciplinary action by the Louisiana State Licensing Board for Contractors or any other state contractor licensing agency? \_\_\_\_\_No \_\_\_\_\_Yes (Explain below\*)

F. Has any firm for which you were the qualifying party been disqualified or debarred by any public entity? \_\_\_\_\_No \_\_\_\_\_Yes (Explain below\*)

\*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations on this form are true and accurate and acknowledge that any purposeful false information submitted on behalf of myself and verified by this signature is cause to have license denied or revoked by the Louisiana State Licensing Board for Contractors.

**THIS FORM MUST BE SIGNED AND DATED BY THE QUALIFYING PARTY AND A NOTARY PUBLIC.**

\_\_\_\_\_  
Qualifying Party’s Social Security Number

\_\_\_\_\_  
Signature of Qualifying Party

Sworn before me this \_\_\_\_\_day of \_\_\_\_\_, 200\_\_

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name and Address of Notary Public

**DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY**

Date Accepted\_\_\_\_\_ Q.P. # \_\_\_\_\_

Person Making Entry \_\_\_\_\_

Eligibility Status\_\_\_\_\_

\_\_\_\_\_